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To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818/493-2251
Attention: Examiner: K. DROESCH MULLEN Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: AMENDMENT AND REQUEST FOR RECONSIDERATION  Applic. No. 10/045,844 Filed: 11/08/2001 Docket No. A01P1076	Number of pages being sent: <u>22</u> (including cover page)

PLEASE DELIVER TO EXAMINER K. DROESCH MULLEN, Art Unit 3762. THANK YOU.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** George I. Isaac  
**Serial No.:** 10/045,844      **Examiner:** K. Mullen  
**Filed:** 11/08/2001      **Art Unit:** 3762  
**Docket No.:** A01P1076  
**For:** METHOD OF RECHARGING BATTERY FOR AN  
 IMPLANTABLE MEDICAL DEVICE

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendments  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

Amendment and Request for Reconsideration  
 Exhibits A and B  
 Power of Attorney by Assignee...  
 Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE
A	TOTAL CLAIMS FEE	34	36	0	<input checked="" type="checkbox"/> \$18
B	INDEPENDENT CLAIMS FEE**	9	3	6	<input checked="" type="checkbox"/> \$88
C	MULTIPLE- DEPENDENT			0	<input checked="" type="checkbox"/> \$300
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080				528
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:				
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)				\$ 528**

Charge Deposit Account No. 16-0068  
 the amount of **\$528\*\***      A copy of this letter is  
 enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

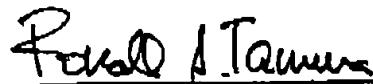
The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 12/2/04

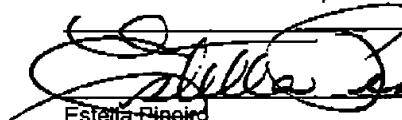
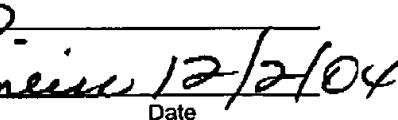


Ronald S. Tamura, Attorney for Applicants  
Reg. No. 43,179

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

December 2, 2004

  
Estella Fineiro  
Date